

boyd, courtney  
ID: 208921

05/16/2006 19:25:02

SINUS RHYTHM  
WITHIN NORMAL LIMITS

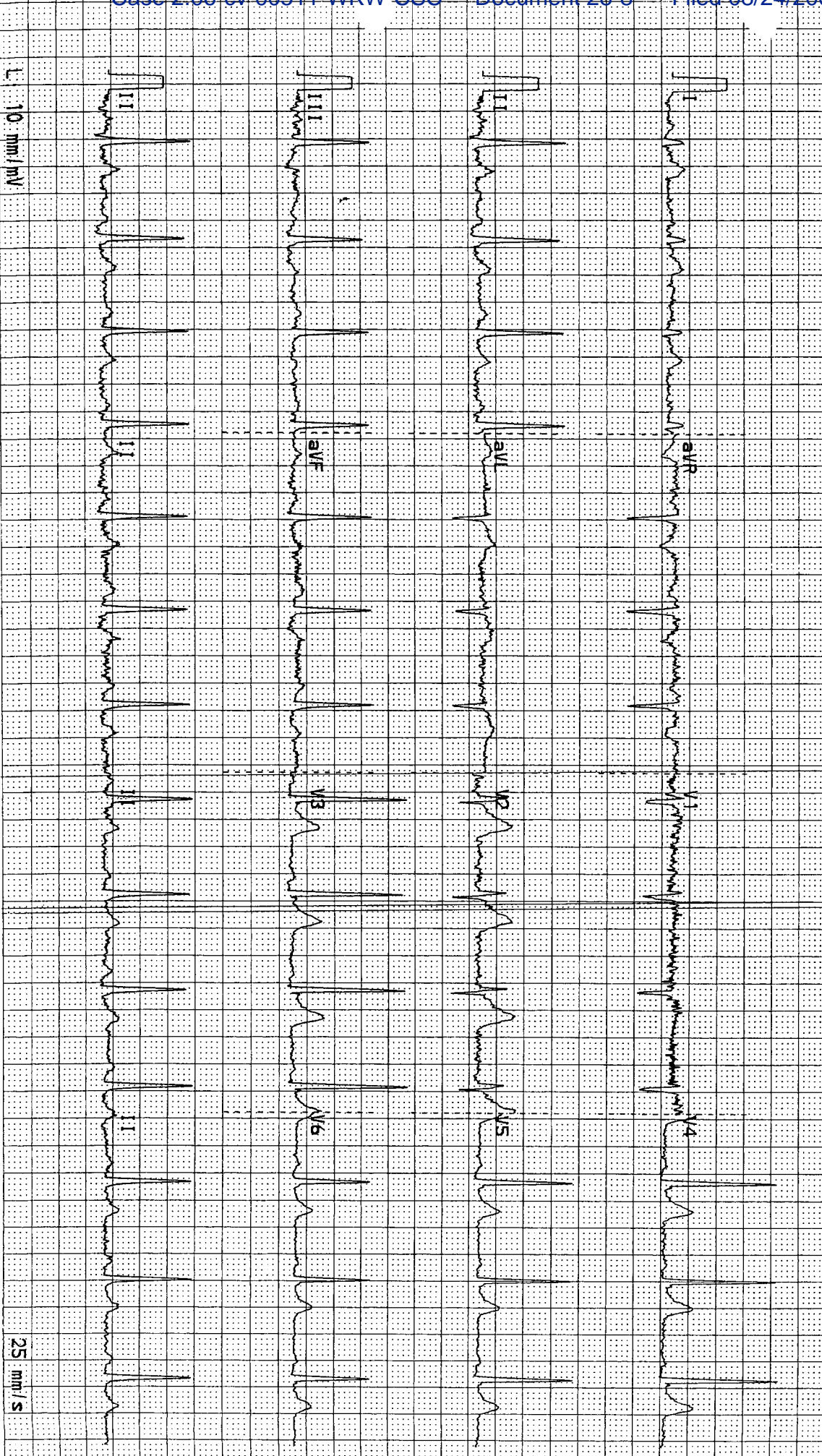
D.O.B.: [REDACTED] 24 YEARS  
MALE  
Meds: BLACK  
Class: darbouze  
Dr: cg  
Tech: cg

Vent. Rate:	86 bpm
RR Interval:	696 ms
PR Interval:	158 ms
QRS Duration:	86 ms
QT Interval:	320 ms
QTc Interval:	365 ms
QT Dispersion:	34 ms
P-R-T AXIS:	56° 79° 24°

Summary: NORMAL ECG

\* Unconfirmed Analysis \*

*Handwritten signature*



boyd, courtney  
ID: 208921

05/10/2006 18:33:26

SINUS RHYTHM  
SHORT QT INTERVAL

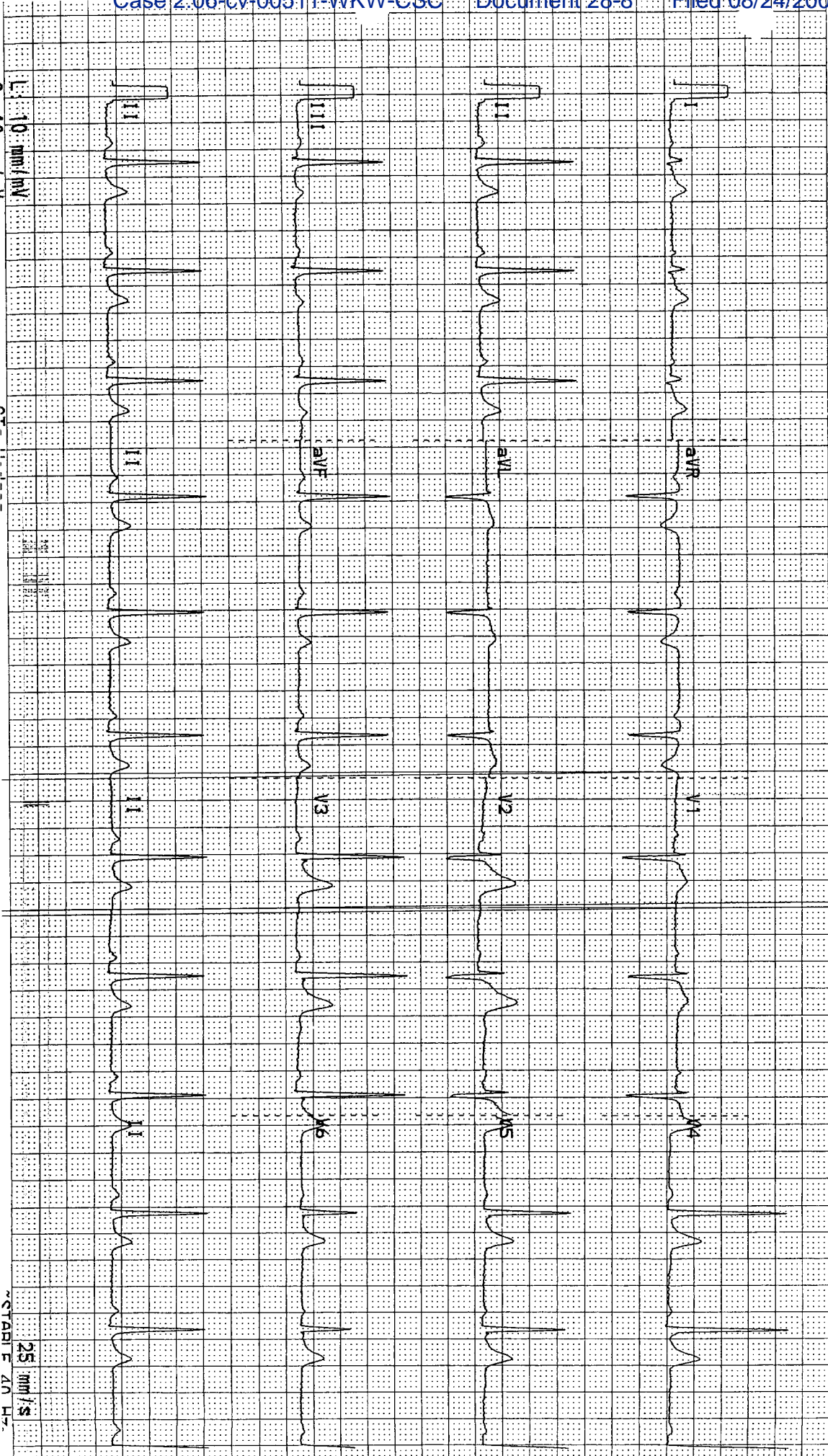
D.O.B.: [REDACTED] 24 YEARS  
MALE  
Meds:  
Class: darabouse  
Dr:  
Tech: mj

Vent. Rate:	68 bpm
RR Interval:	872 ms
PR Interval:	160 ms
QRS Duration:	88 ms
QT Interval:	326 ms
QTc Interval:	340 ms
QT Dispersion:	36 ms
P-R-T AXIS:	64° 85° 45°

Summary: BORDERLINE ECG

\* Unconfirmed Analysis \*

*[Handwritten signature]*





ID: 208921

04/25/2006 22:55:56

24 YEARS

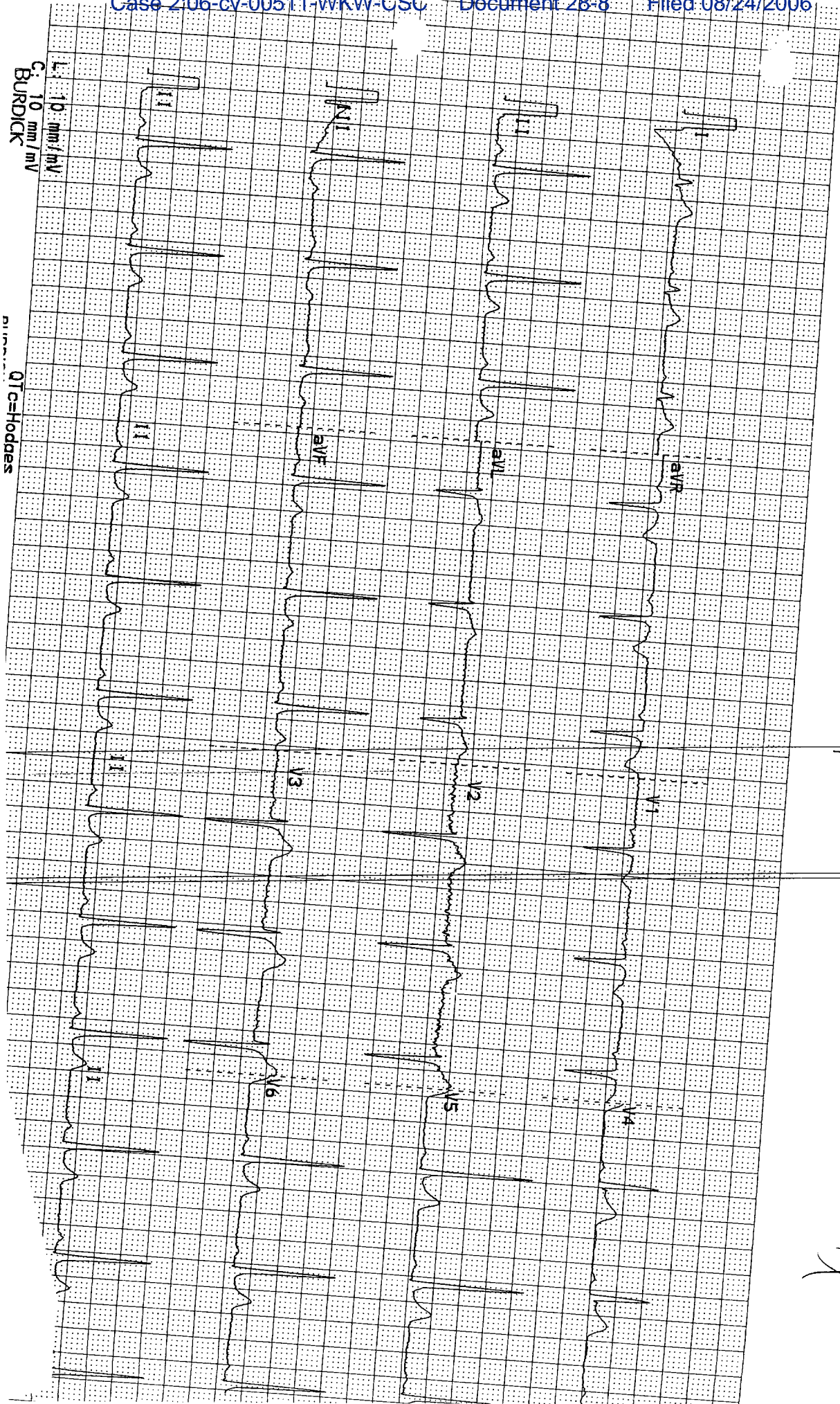
D.O.B.: [REDACTED]  
 MALE  
 Meds:  
 Class:  
 Dr:  
 Tech:

Vent. Rate:	69 bpm
RR Interval:	865 ms
PR Interval:	168 ms
QRS Duration:	92 ms
QT Interval:	342 ms
QTc Interval:	357 ms
QT Dispersion:	32 ms
P-R-T AXIS:	57° 85° 33°

SINUS RHYTHM  
 WITHIN NORMAL LIMITS  
 Summary: NORMAL ECG

\* Unconfirmed Analysis

*Handwritten signature*



boyd, Courtney  
ID: 208921

03/10/2006 21:01:46

SINUS RHYTHM  
WITHIN NORMAL LIMITS

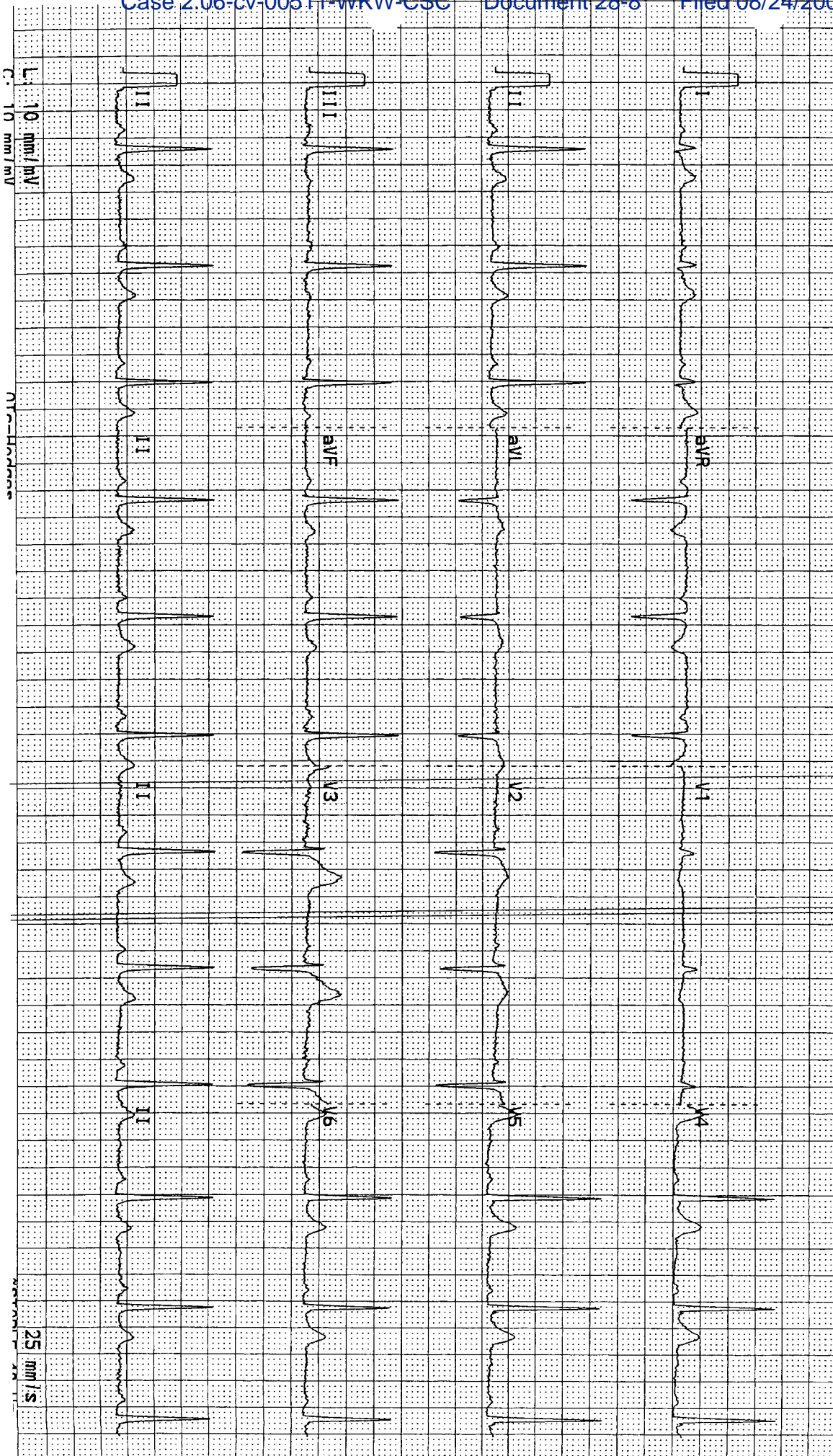
D.O.B.: [REDACTED] 24 YEARS  
MALE  
Meds:  
Class:  
Dr: darbouze  
Tech: mj

Vent. Rate:	70 bpm
RR Interval:	857 ms
PR Interval:	160 ms
QRS Duration:	86 ms
QT Interval:	346 ms
QTc Interval:	363 ms
QT Dispersion:	42 ms
P-R-T AXIS:	54° 82° 31°

Summary: NORMAL ECG

\* Unconfirmed Analysis \*

*[Handwritten Signature]*  
3/10/06



ACCESSION NO. <b>124/208921</b>	NAME <b>COURTNEY BOYD</b>	FACILITY <b>Easterling</b>
------------------------------------	------------------------------	-------------------------------

DATE COLLECTED <b>3/1/06</b>	TIME COLLECTED <b>8:30 AM</b>
---------------------------------	----------------------------------

DATE RECEIVED <b>3/3/06</b>	TIME RECEIVED <b>8:30 AM</b>
--------------------------------	---------------------------------

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

\* NT = Not Tested



SINUS RHYTHM  
 \*\* INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE  
 WITHIN NORMAL LIMITS

\* Unconfirmed Analysis

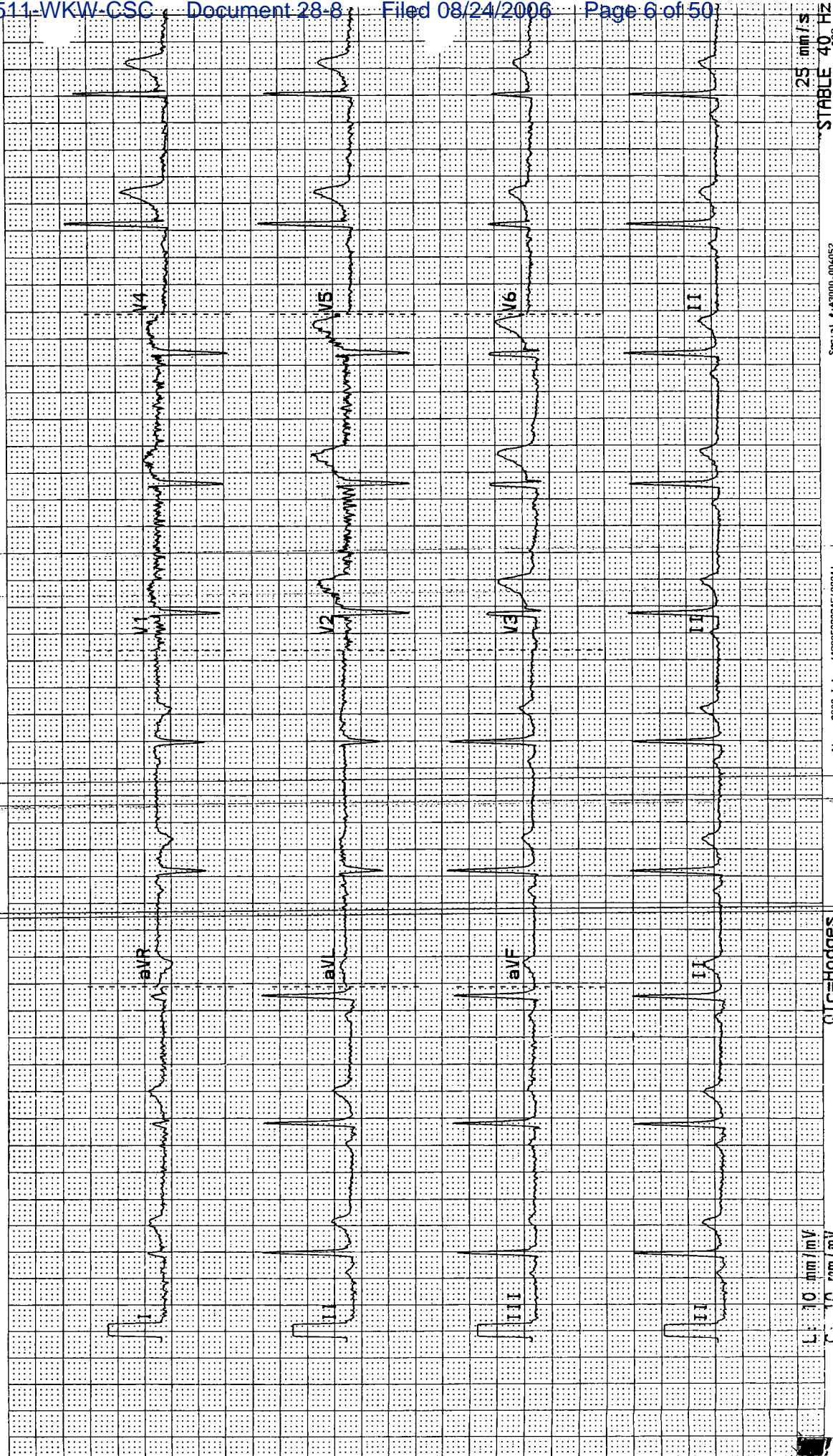
Summary: NORMAL ECG

11/07/2005 21:41:42

ID: #STAT#051107214142

Vent. Rate:	62 bpm
RR Interval:	957 ms
PR Interval:	168 ms
QRS Duration:	88 ms
QT Interval:	350 ms
QTc Interval:	353 ms
QT Dispersion:	46 ms
P-R-T AXIS:	67° 81° 49°

D.O.B. [REDACTED]  
 Meds:  
 Class:  
 Dr:  
 Tech:





## DEPARTMENT OF CORRECTIONS

DATE: 9/4/05

## URINALYSIS

LEUKOCYTES NegNITRITE NegUROBILINOGEN NormalPROTEIN TracepH 5b2 NegBLOOD Hgb traceSPEC. GRAVITY 1.020KETONE NegGLUCOSE Normal

HCG \_\_\_\_\_

(Add: Final Labs Here)

Palatis

INMATE NAME (LAST, FIRST, MIDDLE)

DOC #

DOB

RACE/SEX

FAC.

Boyd, Courtney208921[REDACTED]B/MPHS

ID: #STAT#050902211756

09/02/2005 21:17:56

D.O.B.: Courtney Boyd  
 Meds:  
 Class: 208921  
 Dr:   
 Tech:   
 1509

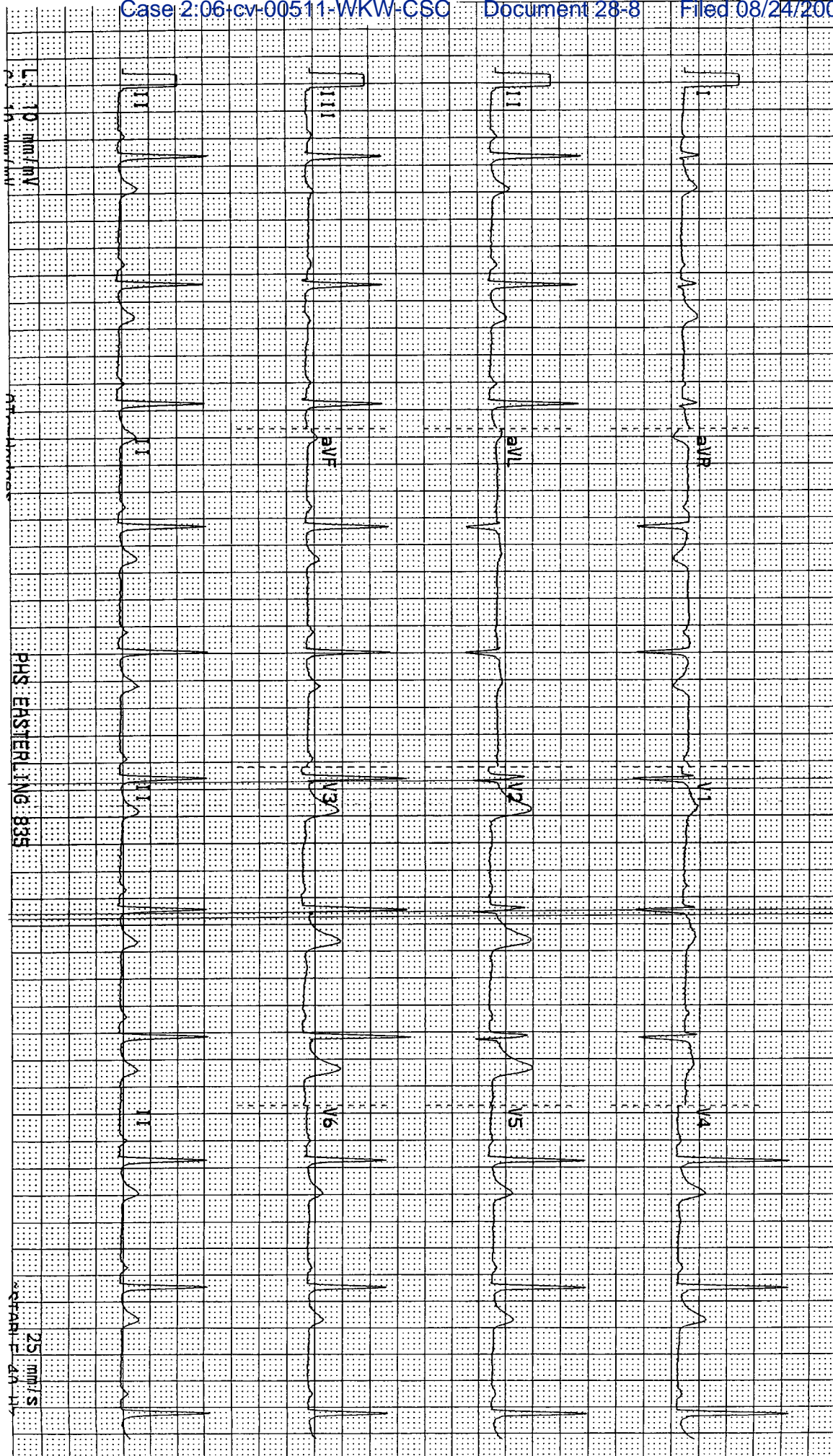
Vent. Rate:	64 bpm
RR Interval:	926 ms
PR Interval:	164 ms
QRS Duration:	90 ms
QT Interval:	356 ms
QTc Interval:	363 ms
QT Dispersion:	40 ms
P-R-T AXIS:	64° 81° 46°

SINUS RHYTHM  
 \*\* INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE \*\*  
 WITHIN NORMAL LIMITS

Summary: NORMAL ECG

\* Unconfirmed Analysis \*

9/9/05



25 mm/s



Boyd, Courtney  
ID: 208921

08/21/2005 1:24:20

SINUS RHYTHM  
WITHIN NORMAL LIMITS

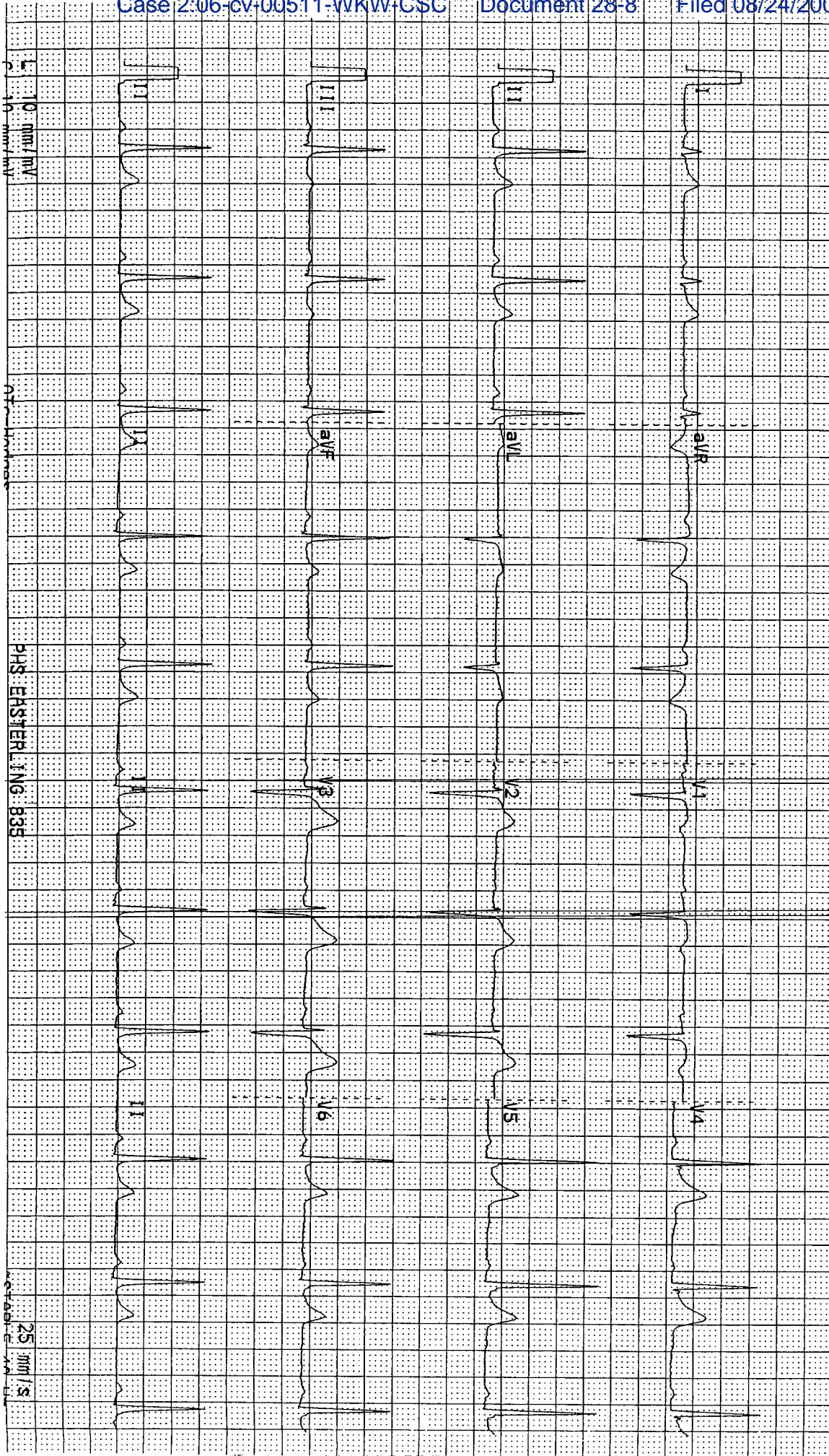
D.O.B.: [REDACTED] 23 YEARS  
MALE  
Meds: BLKCK  
Class: Darbouze  
Dr: JD  
Tech: JD

Vent. Rate:	64 bpm
RR Interval:	929 ms
PR Interval:	168 ms
QRS Duration:	88 ms
QT Interval:	352 ms
QTc Interval:	359 ms
QT Dispersion:	36 ms
P-R-T AXIS:	59° 80° 45°

Summary: NORMAL ECG

\* Unconfirmed Analysis \*

*8/22/05*



boyd, courtney  
ID: 218921

04/24/2005 21:40:40

SINUS RHYTHM  
\*\*\* INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER \*\*\*  
WITHIN NORMAL LIMITS

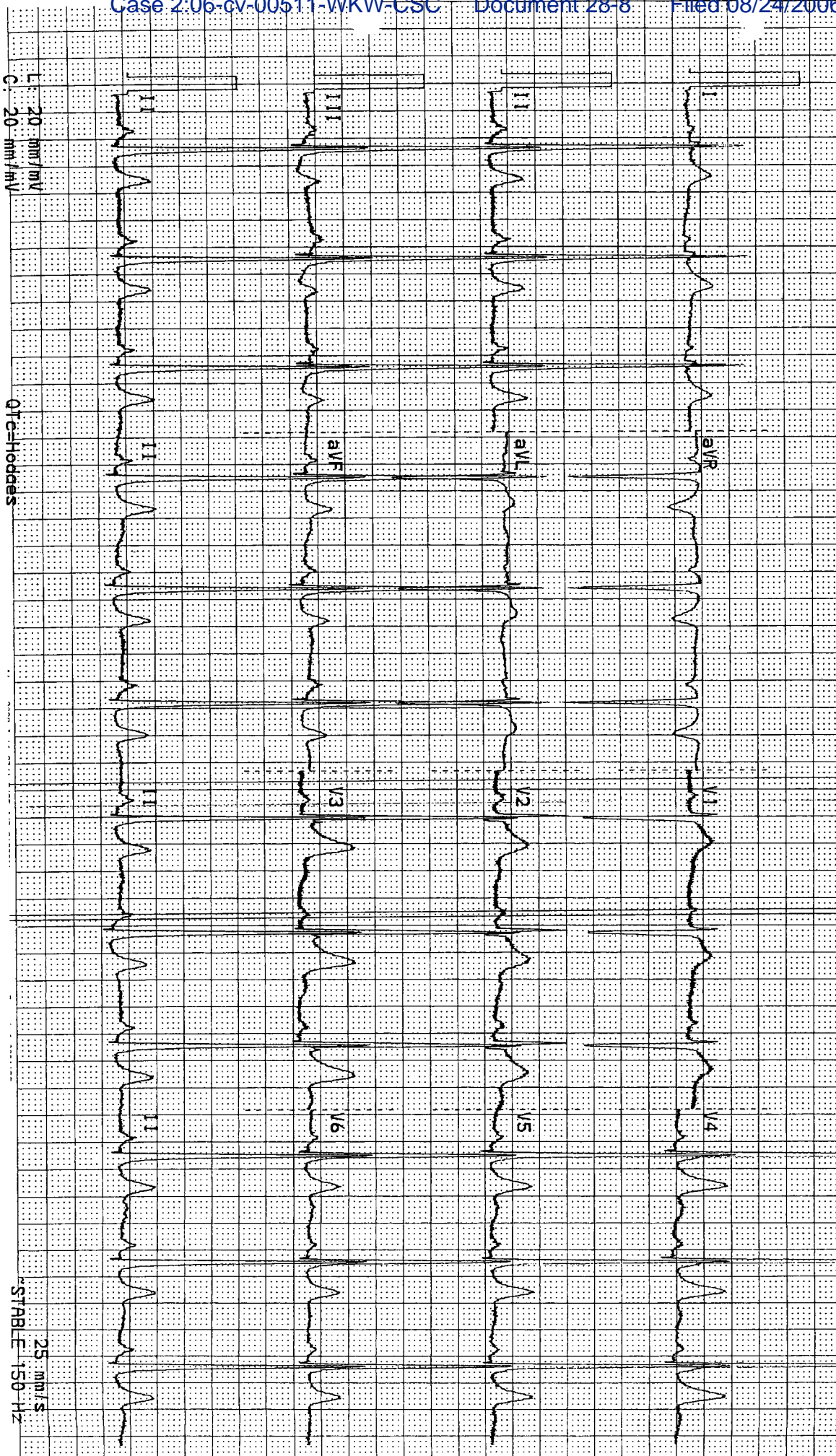
Summary: NORMAL ECG

\* Unconfirmed Analysis \*

D.O.B.: [REDACTED] 23 YEARS  
Dr: Williams  
Tech: hall

Vent. Rate:	72 bpm
RR Interval:	820 ms
PR Interval:	150 ms
QRS Duration:	90 ms
QT Interval:	348 ms
QTc Interval:	370 ms
QT Dispersion:	62 ms
P-R-T AXIS:	70° 85° 42°

4-25-05  
@



L: 20 mm/mV  
C: 20 mm/mV

QTc=Hodges

25 mm/s  
STABLE 150-Hz



Boyd, Courtney  
ID: 208921

04/20/2005 14:34:04

SINUS RHYTHM  
WITHIN NORMAL LIMITS

D.O.B.: [REDACTED] 23 YEARS  
MALE

Dr: Williams  
Tech: aah

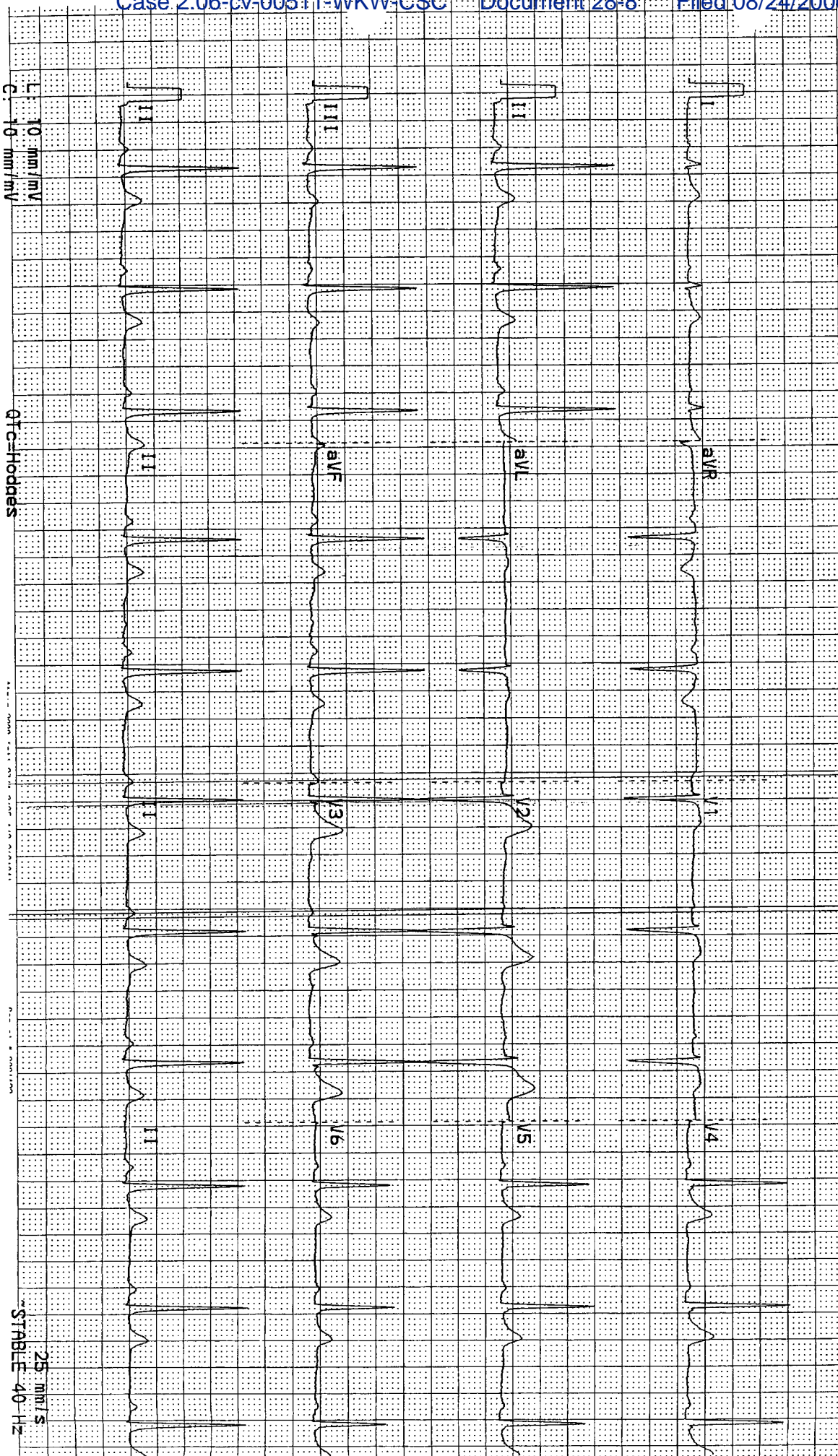
Comment: black

Vent. Rate:	63 bpm
RR Interval:	936 ms
PR Interval:	162 ms
QRS Duration:	88 ms
QT Interval:	358 ms
QTc Interval:	365 ms
QT Dispersion:	70 ms
P-R-T AXIS:	67° 83° 57°

Summary: NORMAL ECG

\* Unconfirmed Analysis \*

4-20-05  
②





ID: #STAT#050420131038

04/20/2005 13:10:38

D.O.B.:

Dr:

Tech:

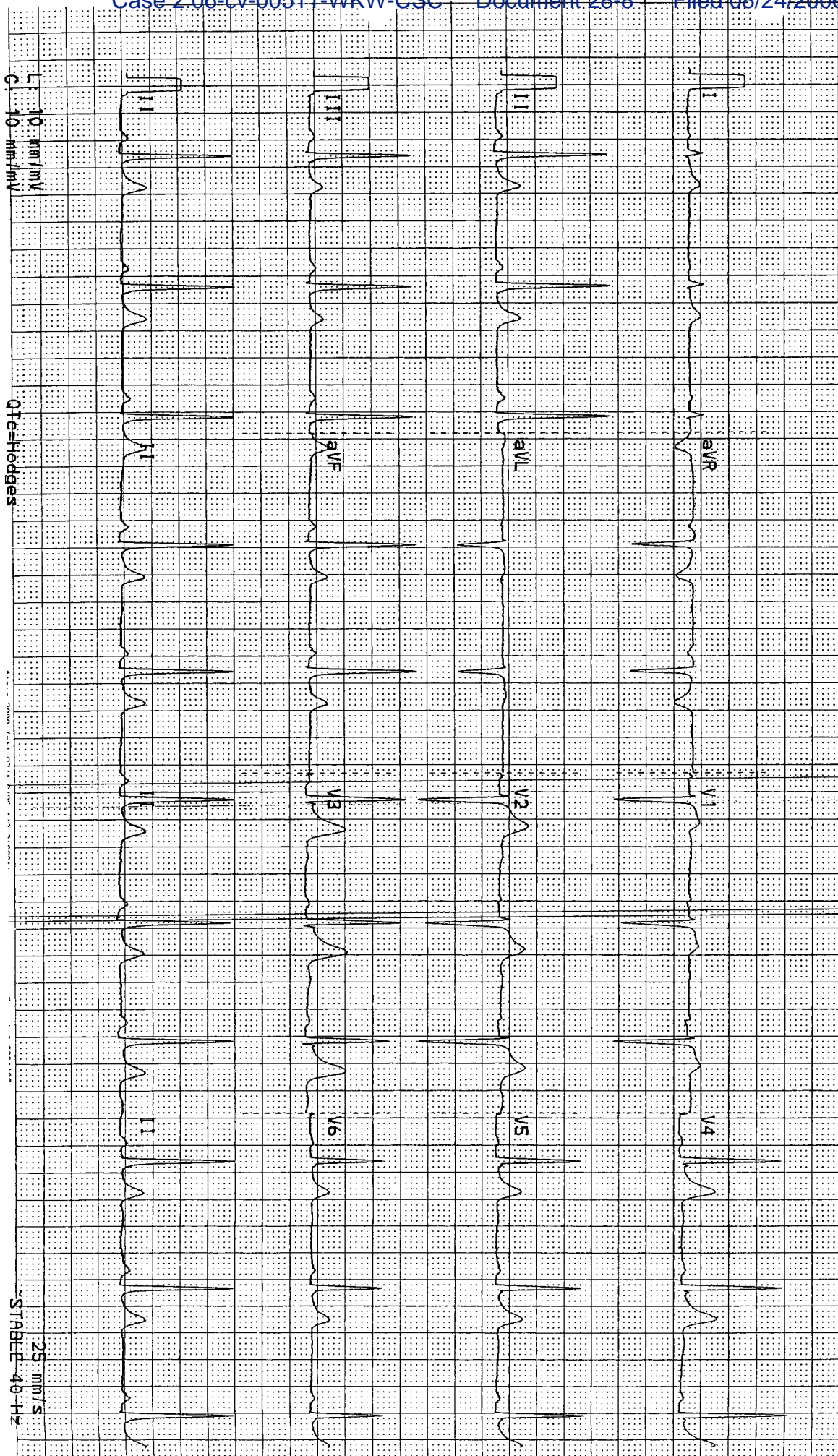
Vent. Rate:	65 bpm
RR Interval:	920 ms
PR Interval:	156 ms
QRS Duration:	88 ms
QT Interval:	342 ms
QTc Interval:	350 ms
QT Dispersion:	22 ms
P-R-T AXIS:	70° 83° 62°

SINUS RHYTHM  
 \*\* INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE \*\*  
 SHORT QT : POSSIBLE HYPERCALCEMIA

Summary: BORDERLINE ECG

\* Unconfirmed Analysis \*

50-20-05  
 2



Boyd, Courtney  
ID: 208921

04/20/2005 13:10:06

SINUS RHYTHM  
SHORT QT : POSSIBLE HYPERCALCEMIA

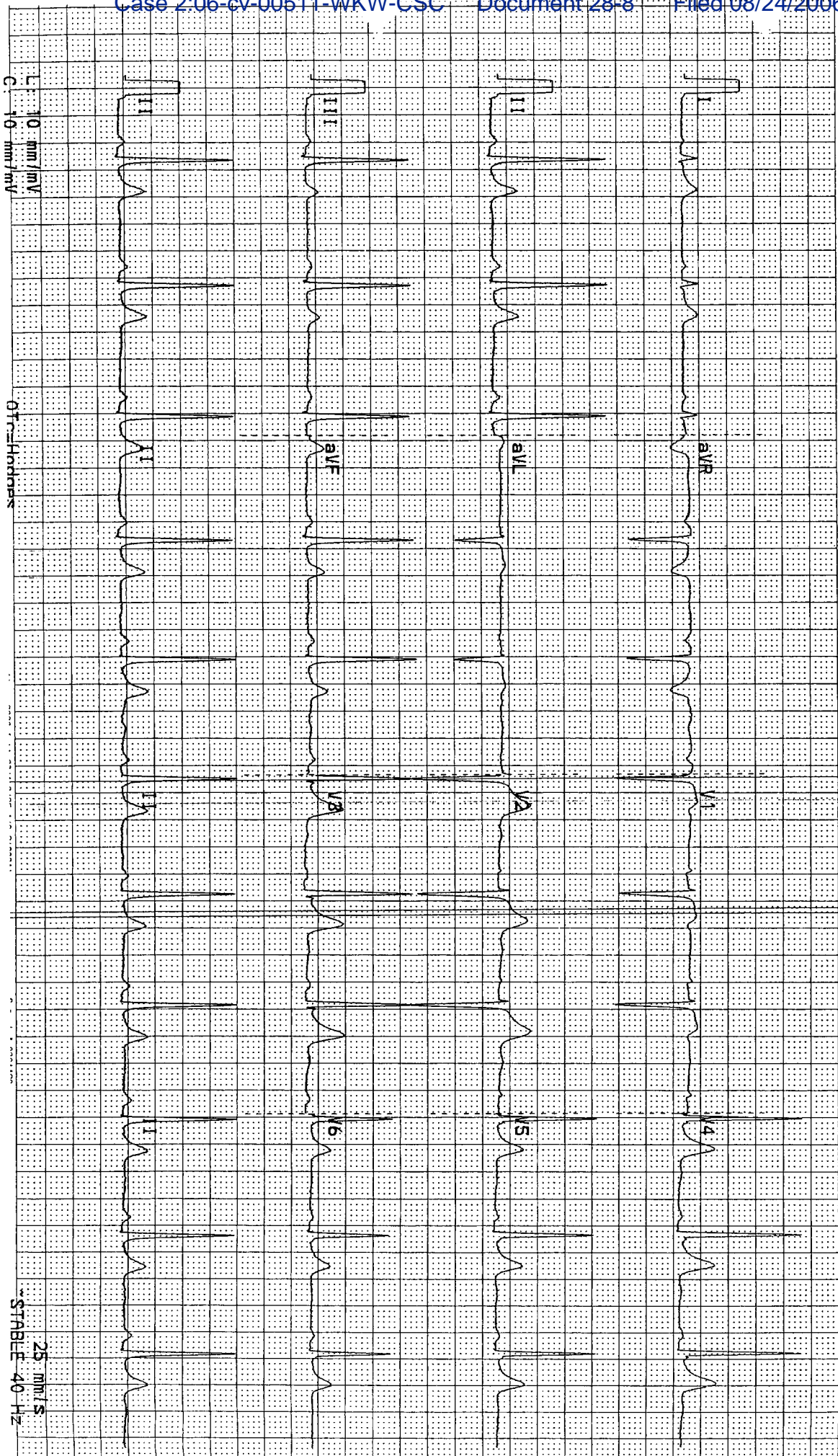
\* Unconfirmed Analysis \*

D.O.B.: [REDACTED] 23 YEARS  
MALE

Dr: er Williams  
Tech: aah

Vent. Rate:	68 bpm
RR Interval:	876 ms
PR Interval:	160 ms
QRS Duration:	86 ms
QT Interval:	334 ms
QTc Interval:	348 ms
QT Dispersion:	58 ms
P-R-T AXIS:	67° 83° 56°

4-22-05  
@



## EYE EXAMINATION SHEET

TO: (Service Physician) <i>Bradford</i>	FROM: (Requesting Ward, Med. Fac. Phys.) <i>SOC</i>	Date of Request: <i>7/20/01</i>
Reason For Request: (Complaints and Finding)  <div style="text-align: center; font-size: 1.5em;"><i>c/o LU cNem</i></div>		
Past History		
Old Rx		
Signature	Type of Consult <input type="checkbox"/> Emergency <input type="checkbox"/> Routine	
CONSULTATION REPORT		
Subjective: <i>OD - 20/20 -</i> <i>OS - 20/20 S</i>	OPHTH: <i>10% c/d WNL</i>	
New Rx:   OD OS	Seg. Ht.	Ext: Date Dispensed & Initials:
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Seg. Type:   <i>PL -025</i> <i>PL 025 X 020</i> <i>093</i></div> <div style="width: 60%; text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <i>52/18/145</i>  <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <i>+0.75</i> <i>+0.25</i> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <i>NWD</i> <i>PD 63</i> </div> </div> </div> </div> </div>		
IDP & Time:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Frame: Size: Color:</div> <div style="width: 70%; text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <i>52/18/145</i>  <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> <i>+0.75</i> <i>+0.25</i> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <i>NWD</i> <i>PD 63</i> </div> </div> </div> </div> </div>		
<div style="text-align: center; margin-top: 20px;"> <i>MB</i> <i>7/20/01</i>        _____        OPTOMETRIST'S SIGNATURE     </div>		
Patients Last Name <i>Boyd, Courtney</i>	First <i>Courtney</i>	Middle <i></i>
Age <i>19</i>	R/S <i>BM</i>	ID No. <i>208921</i>



(WHO GETS TO SEE DR BRADFORD)

MEASURE VISUAL ACUITY (SNELLEN EYE CHART)

RIGHT EYE (OD) \_\_\_\_\_ WITH GLASSES 20/30 WITHOUT GLASSES  
LEFT EYE (OS) \_\_\_\_\_ WITH GLASSES 20/30 WITHOUT GLASSES

IF DISTANCE VISION IS 20/30 OR WORSE WITH GLASSES:  
REFER FOR EYE CLINIC

IF COMPLAINTS OF DECREASED VISION AT NEAR (READING)  
REFER FOR EYE CLINIC

IF LAST EYE EXAM GREATER THAN 2 YEARS AGO  
REFER FOR EYE CLINIC

IF COMPLAINTS OF MEDICAL NATURE (ie PAIN, HX EYE DISEASE, SUDDEN  
DECREASE IN VISION, etc.) OR REQUEST BY ANOTHER DOCTOR (ie CHRONIC  
CARE, etc.)  
REFER FOR EYE CLINIC

---

IF BROKEN OR LOST OR STOLEN GLASSES AND THEY WERE PRESCRIBED WITH  
PAST 18 MONTHS ORDER NEW GLASSES BASES ON LAST RX. ADVISE PATIENT  
THAT HE MUST PAY FOR GLASSES (CMS WILL BUY GLASSES ONCE EVERY 2  
YEARS ONLY.) DO NOT HAVE TO WAIT FOR NEXT EYE CLINIC.

---

IF ONLY COMPLAINT IS "WANTS SUNGLASSES, TINT, SHADE PROFILE, ETC". NO  
REFERRAL UNLESS ONE OF OTHER CRITERIA MET. (MAY HAVE ROUTINE EXAM  
EVERY 2 YEARS WITH NO COMPLAINT.

# INSTITUTIONAL EYE CARE

P.O. Box 390

(570) 523-3493

Lewisburg, PA 17837

FAX (570) 524-2817

PATIENT		BOYD, COURTNEY		DATE		7/30/01	
NUMBER		208921		STAT		INSTITUTION	
						THOMAS F. STATION	
	SPHERE	CYLINDER	AXIS	PRISM	BASE		
OD	0.75	0.00	0	0	0		
OS	0.75	0.00	0	0	0		
	ADD	HEIGHT	DIST PD	NEAR PD			
OD	0.00	0	63	0			
OS	0.00	0	0	0			
LENS COLOR/COATINGS Clear							
FRAME		NICK		STYLE		FRAME COLOR	
EYE SIZE		52		DROP BALL		FINAL INSPECTION	

LENSES: \$9.75

FRAME: \$3.75

OVERSIZE: \$0.00

TINT/PGX:

POLYCARB: \$0.00

DIOPTERS: \$0.00

PRISM: \$0.00

CASE:

OTHER:

S/H: \$1.35

TOTAL DUE (\$): \$14.85

## VISION SAFETY NOTICE:

- Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.

- If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.

- The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

- If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.



## Receipt for Medical Product

Inmate Name: Boyd Courtney ID No.: 208921  
Institution: State  
Medical Product: Glasses Date Received: 8/14/01

I verify that I have received the medical product named above. I understand that I am fully responsible for the care of this item. I further understand that I may be required to pay for repair or replacement.

Courtney Boyd  
Inmate Signature

R. Hall-Smith Jr.  
Signature of Healthcare Staff Dispensing Product



030515 BOPSE Z  
Auth #:

Helio

Naphcare 208921


**CARRAWAY METHODIST  
MEDICAL CENTER**

1600 Carraway Boulevard • Birmingham, AL 35234

**Gastroenterology Laboratory  
Endoscopy Report**

Date Plate

Date: 06/12/03

 Medication time: 3:50pm. Demerol 50mg Valium 2mg Versed 2mg Phenergan 2mg Atropine 1mg Glucagon 1mg Narcan 1mg

## BRIEF CLINICAL ABSTRACT:

 21 YOBM c persistent  
epigastric pain after N  
for H pylori; sx not > 4 mos

X-RAY REPORT: 0

## ENDOSCOPY FINDINGS:

 Esophagus, stomach  
& duodenum are normal  
Any prior H. pylori gastritis  
obviously has resolved  
with treatment

## DIAGNOSIS:

 Abdominal pain, undetermined cause  
Rec - ✓ Abt Sonar & Serum amylase  
next

 Consider  
abd CT scan  
if Sonar  
WNL,

 Biopsy \_\_\_\_\_ Polypectomy \_\_\_\_\_ Hot Biopsy \_\_\_\_\_ # of specs \_\_\_\_\_  
 Dilation: Maloney \_\_\_\_\_ TTS Balloon \_\_\_\_\_ Savary \_\_\_\_\_ Duodenal Aspirate \_\_\_\_\_  
 Foreign Body Removal \_\_\_\_\_ Disp. Snare Wire \_\_\_\_\_ PEG Placement \_\_\_\_\_  
 PEG Removal \_\_\_\_\_ PEG Replacement \_\_\_\_\_ Injection of Varices \_\_\_\_\_  
 Jejunal Feeding Tube \_\_\_\_\_ Operating Scope \_\_\_\_\_ Proc. @ Bedside \_\_\_\_\_

 Naphcare  
REFERRING PHYSICIAN

[Signature] M.D.

7/11/03

2003 12:47 20545884

S HAUSER LG NAPHI

PAGE 02/09

Appl. Date: \_\_\_\_\_

030515 BOPSOZ  
Auth #: \_\_\_\_\_NaphCare  
Hospital/Consultant Referral FormInmate Name: Conley, Beryl AIS#: 208921 Date: 5/18/03DOB: [REDACTED] Race: B Sex: M Allergies: \_\_\_\_\_History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): 2.1.03 DM noted for 1st time and  
at this time blood glucose 143-157 mg/dl  
(HIV)SERVICES REQUESTED/PROVIDER: GI consult - ? endoscopySignature (M.D.): [Signature]  
Pertinent Chronic Conditions/Diagnosis: Wrist pain, right arm  
DOC Facility: Beth Time Out: \_\_\_\_\_  
Receiving Facility/Hospital: CAHAWA - AT Return Time: \_\_\_\_\_  
Route of Transportation: (X) Ambulance DOC Van Other: \_\_\_\_\_  
Date & Result Last PPD: 2/3/03 Date & Result Last Chest X-Ray: \_\_\_\_\_

## OFFSITE HEALTHCARE REPORT:

Wrist ECD is noted  
ECD done today here - normal  
Therefore source of abdominal pain  
is still undetermined  
most likely for cholecystitis  
or pancreatitis  
Plan - Abdominal sonar scan next  
Abdominal CT scan if sonar  
normalPhysician: [Signature] Date: 5/18/03 Time: 4:00 PM  
Notify (Facility): D.B.H. / NephCare Date: 5/26/03 of patient's discharge  
Advanced Medical Directive: Yes [initials] (Attached) No [initials]  
Report called to: (Name/Title): N/A Date: \_\_\_\_\_  
Signature & Title: [Signature] Date: \_\_\_\_\_Bill to NaphCare 950 22<sup>nd</sup> St. N. Suite 825 Birmingham, AL 35203  
Beverly Douglas, R.N. Utilization Review Manager 205-458-3370 or 1-800-771-0315Il  
clerk



NaphCare Patient Registration  
 Carraway Methodist Medical Center  
 1600 Carraway Blvd.  
 Birmingham, Al. 35234

**All Admissions and Appointments Contact:**

Fran Olmstead, RN (205) 502-6992, beeper 888-7896 (Mon - Fri weekdays)  
 Kathy Gray, RN (205) 502-6620 or 502-5620, beeper 676-0688 Fax (205) 502-5424  
 Nursing Supervisor Beeper 954-1987 (After 3PM weekdays, weekends, holidays)  
 Security 502-6570 Hx: 502-5829  
 Fax form to Admitting: (205) 502-5268 Weekdays before 6PM  
 (205) 502-5696 After 6PM weekdays, weekends, holidays

**Registration and Billing Inquires**

Annette Tedford (205) 502-5292, beeper 804-2053, fax 502-5360

**Required Information**

Patient's Name Boyd Courtney  
 (Last Name) (First Name) (Middle Name)

Date of birth [REDACTED] AIS# 208921 Race B Sex M

Procedure/Arrival Date 6/23/06 Inpatient Outpatient ☒ ER   

Range of dates convenient to transport inmates for appointments JUNE 16, JUNE 19

Attending/Consulting Physician AI-Consult Barbara

Diagnosis/Symptoms/Procedure UPPER ABD PN / weight loss / consult

Miscellaneous Information   

Correctional Facility Bibb

Address 565 Bibb Lane Brent

Phone/beeper of contact person 205-526-1612

Person Completing this Form J. Ogle / Admin Assist NP

Revised 12/10/02



## Receipt for Medical Product

Inmate Name: Boyd, Courtney ID No.: 208921  
Institution: Bibb  
Medical Product: BACK BRACE Date Received: 7/1/03

I verify that I have received the medical product named above. I understand that I am fully responsible for the care of this item. I further understand that I may be required to pay for any repair or replacement.

Courtney Boyd 208921  
Inmate Signature

[Signature]  
Signature of Healthcare Staff Dispensing Product

5/19/03

1-800-845-8183

prop-NPO

0305 12 BXR03  
Auth #:

Appt. Date: \_\_\_\_\_

NaphCare  
Hospital/Consultant Referral Form

Inmate Name: COURTNEY BOYD AIS#: 208921 Date: 5/7/03

DOB: [REDACTED] Race: D Sex: M Allergies: \_\_\_\_\_

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): 21yo Am with upper epigastric pain

No gall stones

SERVICES REQUESTED/PROVIDER: US - No gall stones Chol pain  
Weight loss

Pertinent Chronic Conditions/Diagnosis: Epidemic  
Signature (M.D.): [Signature]

DOC Facility: SAH Time Out: \_\_\_\_\_

Receiving Facility/Hospital: Southern Radiology Return Time: \_\_\_\_\_

Route of Transportation: (X) Ambulance DOC Other SAH-site

Date & Result/Last PPD: 2-3-03 Am Date & Result/Last Chest X-Ray: \_\_\_\_\_

OFFSITE HEALTHCARE REPORT: \_\_\_\_\_

Orders/Recommendations: \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notify (Facility): Bibb/Douglas at # 205 526-1612 of patient's discharge.

Advanced Medical Directive: Yes \_\_\_\_\_ (Attached) No X

Report called to: (Name/Title): N/A Date: \_\_\_\_\_

Signature & Title: [Signature] Date: \_\_\_\_\_

Bill to NaphCare 950 22<sup>nd</sup> St. N. Suite 825 Birmingham, AL. 35203  
Beverly Douglas, R.N. Utilization Review Manager\* 205-458-8370 or 1-800-771-0315



## PHYSICIAN PROGRESS NOTES

Patient Name Boyd Courtney I.D. # 208921 Institution \_\_\_\_\_

DATE	TIME	NOTES	SIGNATURE
12/13/02		Wt. 143 lbs B/P 120/80 P.80 R 20 T.96° S: My Stomach hurts. I have a bump on my face O: Tenderness mid epigastric Region ⊕ P. 5 all 4 quadrants & tenderness to palpation in lower quadrants Integument - forming Abscess chin 10mm induration A: H. Pylor ⊕ test Forming Abscess P: Tetracycline 500mg TPO tid x 14 days Repto Bismol tablets 2 po tid x 14 days Zantac 150mg TPO B.i.d x 14 days Flagyl 500mg 9 po B.i.d x 14 days Red & blood in stool, ↑ pain, no fever <div style="text-align: right;">C. H. H. H. H.</div>	
2-18-03	0915	(Wt. 132) 12/86; 80; 18; 96°; 97% / 21 g/dl S: Wt. 164 lbs - 20 lbs weight loss in past month. Lymph node 0.12. No fever Derm 10x. S: I feel like I'm going to "burst" himself O: 16x - w/low w/d on - better lower chole-cho CV-RS no more Abd - no HCN, no BS A: Wt loss? etiology (Used 0 PPD last month) B: See above. Will give dental x-rays <div style="text-align: right;">J. D. H.</div>	
2/20/03	9 <sup>30</sup> AM	138 118/70 69 18 97.5 S: I am having a h/a, stomach ache, unless multiple complaints O: Pt will be referred to Dr. Kelly, pt continues to argue about Double trigonitis and its alteration will not stop arguing. Unable to redirect pt <div style="text-align: right;">C. H. H. H. H.</div>	Spencer



Boyd, Courtney

208921

DATE	TIME	NOTES	SIGNATURE
		A: Multiple Complaints	
		Non compliance - Profile altered profile from 30-80 days	
		P: Refer to Dr. DeLong	
		E: Follow Rules of Institution	
		CLM/DeLong	
7/07/03		127 6.5 98.4 110/68 20 2.45 PM	
		Weight loss - intake no longer altered profile. Size this up.	
		Two days ago ingested blood. Hung + empty midgut.	
		Rid for 16 pgs + still hung up	
		O - Lay with VIO (M - 410) John midgut + 8 rebar	
		S - ? Gall stones weight loss	
		B - A/Cult, VS	
		E - Inlet in	
		J. O. DeLong	

AL

DEPARTMENT OF CORRECTIONS

## RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Easterling

NS 5-50a

Name: Boyd, CourtneyState ID No.: 238440DOB: [REDACTED]Race: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Date of request

Time of request

Route

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

## X-RAY REQUEST

ABDOMEN	FINGERS	MANDIBULAR VIEW	POSTERIOR TIBIA
ACIOMED-CLAVICULAR JOINTS (AP/PA)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	JOINT	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	NUMERUS	RADICULUS	TRACHEA
COCCIX	POPE	FEET	TOES
CONE DOWN BELLA TURICA	ELBOW JOINT	BACK/ILIAC JOINTS	WENT
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Boyd

## REPORT

CERVICAL SPINE: Reversal of the normal lordotic curve is seen with no fracture or subluxation. The changes are felt to be secondary to muscle spasm.

D: & T: 05-09-06 Maurice H. Rowell/jhi Board Certified Radiologist (Signature on file)

A 1/9/06

K. Rowell

5-8-06

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

AL

DEPARTMENT OF CORRECTIONS

## RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: EastlingName: Boyd, CourtneyState ID No.: 2D8921DOB: [REDACTED]Race: BSex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NT	Date of request	Time of request	Routine	Priority	Transportation or special needs
<u>Parboyl</u>	<u>4/24/06</u>				

## HISTORY/DIAGNOSIS:

lower back pain

X-RAY REQUEST			
ABDOMEN	FINGERS	MAXILLARY VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (MTO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
<input checked="" type="checkbox"/> CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	PARASAGITTAL	TRACHEA
COCCYX	KNEE	PELVIS	TOES
CONE DOWN Sella TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SPINOPEL	ZYGOMAXILLARY
FEMUR	NASAL BONES	SKULL	

Boyd

## REPORT

LUMBAR SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.

IMPRESSION: NORMAL STUDY.

D: &amp; T: 04-25-06 Thomas J. Payne, III, M.D./rr Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

HCX

HEALTHCARE CORRECTIONS

## RADIOLOGY SERVICES REQUEST AND REPORT

Name:

Boyd, Courtney

State ID No.:

208921

DOB:

[REDACTED]

Race:

B

Sex:

M

INSTITUTION:

Elmore

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs
Smith, Crisp	4/18/05	2:00 PM			

## HISTORY/DIAGNOSIS:

repeat artifacts

## X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILLIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

## REPORT

Boyd

LUMBAR SPINE: AP and lateral views show no definite abnormality but the films demonstrate extensive motion artifact, which limits evaluation of the spine. Motion artifact is greater at this time than it was on the previous examination. This remains a technically inadequate examination. follow up is suggested.

D: &amp; T: 04-21-05 Howard P. Schiele, M.D./Jhi Board Certified Radiologist (Signature on file)

4/21/05

J. Kerbetz R.T.

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

4-20-05

DATE, TIME EXAM PERFORMED

DATE SIGNED



HGX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

State ID No:

208921

DOB

Race:

B

Sex:

M

INSTITUTION: E/MORE

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

D. McArthur PA

Date of request

04/13/05

Time of request

12:30

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

Tell off back 4/13/05  
Chronic c/o back problem

## X-RAY REQUEST

ABDOMEN/CT

ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)

ANKLE

CERVICAL SPINE

Chest PA / LATERAL

COCYX

CONE DOWN BELL TUBICCA

ELBOW

FACIAL BONES

FEMUR

FINGERS

FOOT

HAND

HIP

HUMERUS

KNEE

LUMBAR SPINE

MANDIBLE

MAXILLA

NASAL BONES

NAVICULAR VIEW

ORBITS

OS CALCEI (HEEL)

PELVIS

RADIUS/ULNA

RIBS

SACRO-ILIAC JOINTS

SCAPULA

SHOULDER

SKULL

SOFT TISSUE STUDIES

STERNUM

TEMPORO-MANDIBULAR JOINTS

THORACIC SPINE

TIBIA/FIBULA

TOES

WRIST

ZYGOOMA

ZYGOOMATIC ARCH

## REPORT

Boyd

LUMBAR SPINE: AP and lateral views show no definite abnormality but films demonstrate extensive artifact, which partially obscures the entire left side of the lumbar spine in the AP projection and the upper lumbar spine in the lateral projection. For this reason the examination is limited.

D: & T: 04-15-05 Howard P. Schlele, M.D./Jhi Board Certified Radiologist (Signature on file)

4-18-05

K.H. RT.  
X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

FROM CAHABA IMAGING  
HCK

(MON) JAN 10 2005 15:46/ST. 15:45/NO. 6312281191 P 4

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

State ID No:

DOB

Race:

Sex:

INSTITUTION:

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PATP

Date of request

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

repeat waters - Swelling under Rt eye x5  
few w/cs

## X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT-TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCIS (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIAL/ULNA	TRIASTRULA
CLUCKS	INDEX	SKULL	WIST
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	ZYGOMA
ELBOW	MANDIBLE	SCAPULA	ZYGOMATIC ARCH
FACIAL BONES	MAXILLA	SHOULDER	
FEMUR	NASAL BONES		

## REPORT

Boyd

WATERS' VIEW OF THE SINUSES: The sinuses are clear without evidence of mucous membrane thickening, fluid, or other abnormality.

IMPRESSION: NORMAL SINUSES.

D &amp; T: 01-10-05 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

J Kerbetz R.T.

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

1-7-05

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

H 1-11-05

FROM CAHABA IMAGING  
HEALTHCARE CORRECTIONS

(WED) JAN 5 2005 13:13/ST. 13:08/NO. 6312281014 P 7

## RADIOLOGY SERVICES REQUEST AND REPORT

State ID 705741DOB [REDACTED]INSTITUTION: STATIONRace: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician PA/NP <u>McArthur, PA</u>	Date of request <u>1/3/05</u>	Time of request <u>3:20 PM</u>	Routine	Priority	Transportation or special needs
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## HISTORY/DIAGNOSIS:

SINUS SERIES E GOOD WATER'S VIEW

## X-RAY REQUEST

ABDOMEN/KUB	FINGERS	MAVicular VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (HYPO-WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HR	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TRICLAVERULA
COCCIX	INDEX	RIBS	TOE
CONE DOWN SELLA TURCICA	LUMBAL SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

## REPORT

Boyd

SINUSES: The Water's view is underpenetrated. There is no definite evidence of sinusitis but a repeat study is recommended.

D &amp; T: 01-05-05 Thomas J. Payne, III, M.D./r Board Certified Radiologist (Signature on file)

Will repeat again  
DM  
1/6/05KH, RT  
X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

HEALTHCARE-CORRECTIONS  
RADIOLOGY SERVICES REQUEST AND REPORT

State No.: 208921  
DOB: [REDACTED]  
Race: B/DA Sex: M

INSTITUTION: Stetson

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP Dasseler	Date of request 12/27/04	Time of request 10AM	Routine <input checked="" type="checkbox"/>	Priority	Transportation or special needs
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HISTORY/DIAGNOSIS:

Sinus Problem

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
COME DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
<input checked="" type="checkbox"/> FACIAL BONES <i>ATIA @ MAX SINUS</i>	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Boyd

FACIAL BONES: A good Water's view would be necessary for evaluation of the right maxillary antrum which cannot be identified on the basis of the submitted study.

D & T: 12-29-04 Maurice H. Rowell/r Board Certified Radiologist (Signature on File)

*[Signature]*

*KA, RT*  
X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED



## Radiology Services Report

NAME: BOYD, COURTNEY  
FACILITY: STATON  
D.O.B.: [REDACTED]  
ID NUMBER: 208921

LUMBAR SPINE TWO VIEWS 06/07/04

FINDINGS: There are five lumbar type vertebral bodies. The vertebral body heights and disc spaces are well maintained. There is no evidence of fracture or subluxation. No spondylolysis or spondylolisthesis is detected. The pedicles appear to be intact. The spinous processes align normally.

IMPRESSION: Normal appearing lumbar spine. *JK*

EPA CHEST 06/07/04

FINDINGS: The heart, lungs, and osseous structures are normal. There is no evidence of active TB. No pleural fluid or pneumonia.

IMPRESSION: No acute process in the chest. *JK*

LEFT RIB DETAIL THREE VIEWS 06/07/04

FINDINGS: No evidence of rib fracture or pneumothorax is detected. No pleural fluid is identified.

IMPRESSION: Normal left rib series.

Randall Finley, MD

*RF*

*JK 6-10-04*

X ~~Naphare~~ ~~XXXXXXXXXX~~

# X-Ray Requisition and Report.

Name of Hospital/Institution	Date of Request	Requested By	Patient Status
HCU - Bibb			<input type="radio"/> Inpatient <input type="radio"/> Outpatient

Examination Requested

X Ray R Knee

Initial Diagnosis

R/O OA

Ray Number	Date of X-Ray	Date of PPD Skin Test
	10-9-03	

## Report of Findings

BOYD, COURTNEY ID 208921

RIGHT KNEE TWO VIEWS 10/09/03

NORMAL

RP  
Randall W. Finley, M. D.  
Radiology Associates of Alabama, P. C.

*RP*

*Boyd*

Physician's Signature

Last Name	First	Middle	Date of Birth	Sex	ID Number
Boyd, Courtney			[REDACTED]	BM	208921

Requisition and Report

CARRAWAY HEALTH INFORMATION SYSTEM

*Bib*

\*\*\*\*\*  
 \* ORDER/RESULT INQUIR-XRY RESULT DISPLAY 10:31 AM 08/11/03\*  
 \* OUTP/\*\*\*\*\* BOYD, COURTNEY 06227209 B/M/021Y MCCLANE, JERRY THOMAS\*  
 \* CT ABD W/ 000100 066162B\*  
 \*\*\*\*\*

\* CT ABDOMEN WITH ORAL AND IV CONTRAST

\* RIGHT UPPER QUADRANT PAIN

\* 8 MM THICK AXIAL CT SLICES WERE OBTAINED FROM JUST ABOVE THE DIAPHRAGM  
 \* TO THE SUPERIOR ASPECT OF THE ILIAC CREST. THE LIVER, SPLEEN, PANCREAS,  
 \* KIDNEYS AND ADRENALS SHOW NO SIGNIFICANT CT ABNORMALITIES. NO RETRO-  
 \* PERITONEAL LYMPH ADENOPATHY OR ASCITES IDENTIFIED. THE GALLBLADDER IS  
 \* PARTIALLY CONTRACTED BUT SHOWS NO ABNORMAL WALL THICKENING. NO PERICHOLECYSTIC  
 \* FLUID COLLECTION IS SEEN.

OPINION: NEGATIVE STUDY.  
 SH

DR R W FINLEY

FUNCTION

PAT-ORDERS

& ENTER

\*\*\*\*\*

~~Waphare~~

## X-Ray Requisition and Report.

Name of Hospital/Infirmery <b>Bibh</b>	Date of Request <b>7/7/03</b>	Requested By <b>Jeleng</b>	Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
---	----------------------------------	-------------------------------	---

Examination Requested

- ① R + anterior + lateral rib X-ray  
 ② T 7-8 X-ray

Clinical Diagnosis

R.O. FX

Ray Number	Date of X-Ray <b>7-3-03</b>	Date of PPD Skin Test
------------	--------------------------------	-----------------------

## Report of Findings

BOYD, COURTNEY ID 208921

RIGHT RIB DETAIL 07/03/03

FINDINGS: Normal radiographic appearance of the right ribs.

PA AND LATERAL VIEW CHEST 07/03/03

FINDINGS: Normal PA and lateral view of the chest.

W BEN ABBOTT, MD/tp

*WBA**WBA  
7/10/03*

Physician's Signature

M.D.

Requester Name <b>Boyd, Courtney</b>	First <b>Boyd</b>	Middle <b>Courtney</b>	Date of Birth <b>[REDACTED]</b>	R/S <b>B/M</b>	ID Number <b>208921</b>
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Requisition and Report



02/26/2003 14:53 2055025909

RADIOLOGY REQUEST FORM

~~Naphthare~~

## X-Ray Requisition and Report

Name of Hospital/Infirmar	Date of Request	Requested By	Patient Status
Bibb	2/25/03	delong	<input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
Examination Requested			

LS Spine

Clinical Diagnosis

Ray Number	Date of X-Ray	Date of PPD Skin Test
	2-25-03	

## Report of Findings

BOYD, COURTNEY ID#218921

LUMBAR SPINE, TWO VIEWS: 2-25-03

Normal including no degenerative disease, mal alignment or fracture.

SL

SCOTT LOVELESS, M.D./gm

RDTF 2-26-03

Handwritten signature  
3/4/03

M.D.

Physician's Signature

Last Name	First	Middle	Date of Birth	R/S	ID Number
Boyd, Courtney				B/M	218921
Requisition and Report					

## RADIOLOGY ASSOCIATES OF ALABAMA, P.C.

P.O. Box 10168 · Birmingham, Alabama 35202-0168 · 205-502-5990 · Fax 205-502-5909

NAME: BOYD, COURTNEY 208921  
PHYSICIAN: DR. TAYLOR  
FACILITY: DRAPER SCC  
DOB: [REDACTED]

CHEST 03/06/01

### FINDINGS:

AN AP VIEW OF THE CHEST WAS OBTAINED. THE HEART SIZE AND PULMONARY VASCULARITY ARE NORMAL.

THE LUNGS ARE CLEAR. A SIGNIFICANT SOFT TISSUE OR SKELETAL ABNORMALITY IS NOT IDENTIFIED.

CONCLUSION: NORMAL CHEST SHOWING LITTLE CHANGE FROM 02/16/01.

RP

K. Vanexan  
K. VANEXAN, M.D.

File/PT  
3-9-01  
0830

ba

SHW  
Rec'd  
3.8.01

## X-RAY REQUISITION AND REPORT

NAME OF FACILITY <i>DCC</i>	DATE OF REQUEST <i>12/08/00</i>	REQUESTED BY <i>Dr. Lopez</i>	PATIENT STATUS
EXAMINATION REQUESTED			

*CXR*

## CLINICAL DIAGNOSIS

*ppin in chest*

X-RAY NUMBER	DATE OF X-RAY <i>12/14/00</i>	DATE OF PPD SKIN TEST
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## REPORT OF FINDINGS

BOYD

PA CHEST: The heart is not enlarged. The lungs are clear.

IMPRESSION: NORMAL CHEST.

D&amp;T: 12/15/00 Howard P. Schiele, M.D.

Board Certified Radiologist (signature on file)

*Chubino 12/19/00*  
SIGNATURE

Patient's Last Name	First	Middle	Date of Birth	R/R	ID NUMBER
<i>Boyd</i>	<i>Courtney</i>		<i>12/14/00</i>	<i>B/M</i>	<i>208921</i>

*SHU*  
*Recd*  
*12-18-00*

NAME OF HOSPITAL/CLINIC STATION CORR. FAC.	DATE OF REQUEST 9/17/00	REQUESTED BY Dr. Mouton	PATIENT STATUS <input type="checkbox"/> IP <input checked="" type="checkbox"/> OP
---	----------------------------	----------------------------	--

EXAMINATION REQUESTED

Xray @ hand → @ thumb

CLINICAL DIAGNOSIS

trauma

X-RAY NUMBER

DATE OF X-RAY

DATE OF PPD SKIN TEST

DCC

9-18-00

3/20/00

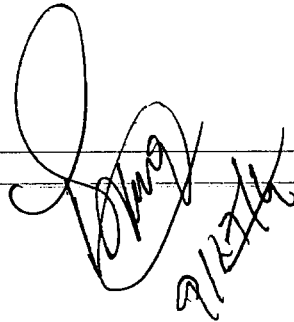
REPORT OF FINDINGS

Left hand:

The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

Thomas J. Payne, III, M.D.

d & t: September 19, 2000  
absThomas J. Payne, III, M.D.  
Board Certified Radiologist


SHW  
Rec'd  
9.19.00

SIGNATURE

MD.

(Continued On Reverse Side)

Patient's Last Name Boyd	First Country	Middle	Date of Birth [redacted]	R/S bm	ID Number 208921
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## PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Boyd, Courtney BCDC#: 208921

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee of success or permanence of the treatment.

Courtney Boyd  
Patient's Signature

4/25/06  
Date

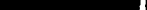
[Signature]  
Dentist's Signature

4/25/06  
Date

## DENTAL RECORD TREATMENT

### Services Rendered

Date	Tooth #	Diagnosis	Treatment	Initials	Class
4-25-06	18 19	O.B. AMALGAM O.L. AMALGAM	NRPA; PERIKS heart MURMUR? 2 COAPS 220 XVIO 1500000 50 used in MAND. N. blocks NCR on # 18 & 19; Viscal plates id # 18; (included & covered) AMALGAM; Occlusal checked & adjusted; M.V. 12/18/06		
5/2/06			Annual Exam OHI given		

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.
Boyd, Courtney				B/M	208921

## SERVICES RENDERED

DATE	TOOTH	SURFACE	DENTAL SERVICES PROVIDED	
7/25/01	3	1 PAX	NRC. See Med O. PTR for rt	2
7/26/01	3		pt. signal warning for rt	2
8/7/01	3		"call in" See Med O. PTR for rt	2
8/14/01	3		pt. wanted extraction, but wouldn't cooperate for another. PTR when he is able to get anesthesia properly	2
8/14/01	3		PT. Returned to clinic. 1.8 cc lid up x 2 rt #3 in 3 section flap 3 BSS	2
8/14/01			Shedding for rt site. Half/ram, 2 BSS	2
8/21/01			S/R. pt. healing within normal limits	2
8/30/01	9		1.8 cc lid up comp build-up 3M comp (K, S, ADH)	2
9/26/01			Intermittent discomfort #14. PTR for rt	2
10/9/01	14		1.8 cc lid up x 2 rt #14 in section flap 3 BSS - pt. returned with bleeding	2
10/9/01			S/R. pt. healing within normal limits	2
10/10/01			Removed Calcein 2nd Mand. Anterior	2
2/6/02			Adjusted let #9 crystals	2
10-24-02			NEW INTAKE - O.K.	2

# **CORRECTIONAL MEDICAL SERVICES DENTAL TREATMENT RECORD**

NAME: <u>Boyd, Courtney</u>		ID#: <u>208921</u>		RACE: <u>B</u>		DOB: <span style="background-color: black; color: black;">[REDACTED]</span>																					
<b>DENTAL EXAMINATION</b>				<b>RESTORATION AND TREATMENTS</b>																							
Date of Initial Examination: <u>3-20-00</u>				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">TOOTH</th> <th style="width: 80%;">PRIORITY LIST</th> </tr> </thead> <tbody> <tr><td> </td><td>+</td></tr> <tr><td> </td><td>g-</td></tr> <tr><td> </td><td>NEW INTAKE 10.24.02 - OK</td></tr> <tr><td> </td><td><i>[Signature]</i></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				TOOTH	PRIORITY LIST		+		g-		NEW INTAKE 10.24.02 - OK		<i>[Signature]</i>										
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	<i>[Signature]</i>																										
Initial Classification: <u>2-21-01</u>																											
Oral Pathology: <u>update 5/3/06</u>																											
Gingivitis																											
Vincent's Infection																											
Stomatitis																											
Other Findings																											
Occlusion																											
Roentgenograms:																											
Periapical																											
Bitewing																											
Panorex																											
<b>HEALTH QUESTIONNAIRE</b>				<b>YES</b>		<b>NO</b>																					
Are you in good health?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Acquired Immune Deficiency (AIDS/HIV)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gastrointestinal disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaucoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
Asthma or other respiratory problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease or murmur <u>enlarged heart</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
Blood pressure conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reactions to anesthetics or medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Excessive bleeding after surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Taking any medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thyroid conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						

## INMATE EDUCATION MUSCLE STRAIN

Muscles can ache or be painful if you overuse them, increase weights too soon or not warm-up before exercise. The muscle will be better in 1-2 days if you do the following:

1. Avoid sports or other activity that caused the muscle overuse for 1-2 days.
2. You should <sup>*slowly*</sup> gradually increase activity. Always warm-up your muscles and stretch before you play sports or lift weights.
3. Use warm, moist towel on muscle 3-4 times a day for 1-2 days.
4. Tylenol 2 adult strength or Aspirin 2 adult strength 2-4 times a day for 1-2 days.

Return to sick call if you are not better in 2 days.

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*Chapman  
2/27/03*



## INMATE EDUCATION BACKACHE

Almost everyone has had a backache. Your back has a tough job since it carries most of your weight. The most common cause of backache is from muscles that have been sprained, strained, wrenched, pulled or torn. Muscle problems are caused by overwork or exercise, bending or lifting something the wrong way, twisting the back, being overweight, falling or even sitting or standing the wrong way (poor posture).

For the first two to three days after a backache occurs:

1. The most important thing to do is to avoid stress to your back. Do not play sports, lift heavy objects (like weight lifting) or bend over from the waist until your back has not hurt for a few days.
2. Use <sup>heat</sup> ~~cold~~ packs made by <sup>warm</sup> ~~cold~~ tap water on a towel as often as possible for the muscle spasms. If you have had backaches in the past and warmth works better than cold, then heat applications or warm showers may help.
3. For pain relief you may get Ibuprofen (Motrin) 2 tablets 2-3 regular Tylenol  


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~~tablets not more than twice a day.~~
4. If you are not any better in 2 days or if you get worse, return to sick call.
5. ~~After your back does not hurt any more, you should start to do gentle exercises to strengthen your back. Gradually begin these exercises and if you get pain at any time stop the exercise.~~  


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REMEMBER START SLOWLY.

*Chad Johnson*  
2/27/07

*Boyd, Courtney*  
*2-21-03*

## INMATE EDUCATION

### INDIGESTION

Indigestion can be caused by eating gas-forming foods (like cabbage, coffee, tea, carbonated beverages, etc.) or swallowing air. It is usually not serious.

If you have indigestion you should do the following:

1. Avoid eating foods that are known to cause distress.
  2. Avoid overeating.
  3. Remain in an upright position 1-2 hours after eating.
  4. Chew your food well and avoid eating fast.
- 
5. Avoid chewing gum which creates more air in your stomach.
  6. Avoid eating 1-2 hours before bedtime.
  7. Stop smoking. Smoking increases stomach acid production. Smoking can also cause respiratory problems and cancer. Smoking can shorten your life.
  8. Antacid. liquid 2 teaspoon or 2 tablets chewed well between meals and at bedtime (4 times a day)

Return to sick call if these things do not help or you get worse.

*Alvise*  
*2/25/03*

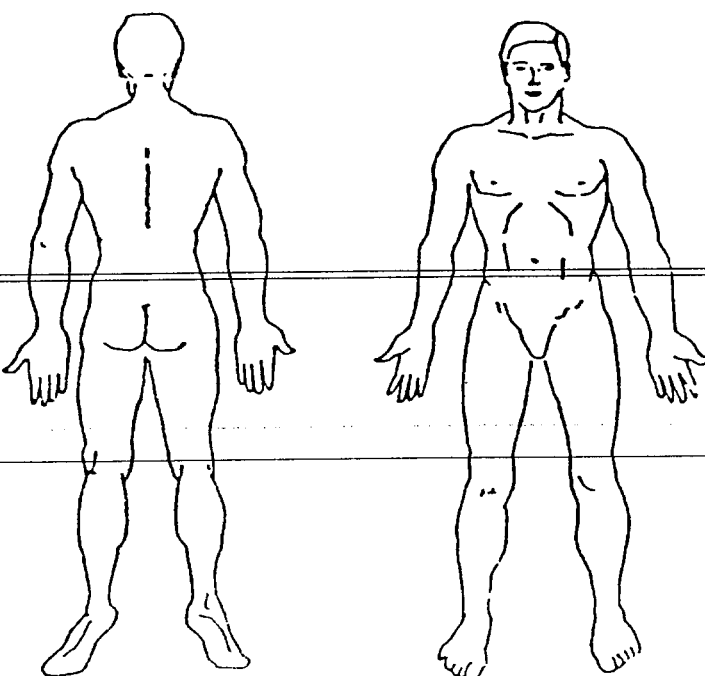
## DEPARTMENT OF CORRECTION

## EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 2/23/03		TIME 1015	FACILITY Bibb		<input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER						
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA									
VITAL SIGNS: TEMP 97.8		ORAL RECTAL 144	RESP. 20		PULSE 86	B/P 120/78					
NATURE OF INJURY OR ILLNESS S- "The top part of my stomach has been hurting since yesterday. It's a sharp pain that comes and goes." "It hurts worse if I breathe in or out"		<table border="1"> <tr> <td>ABRASION///</td> <td>CONTUSION #</td> <td>BURN xx xx</td> <td>FRACTURE Z</td> <td>LACERATION/ SUTURES</td> </tr> </table>					ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z	LACERATION/ SUTURES
ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z	LACERATION/ SUTURES							
PHYSICAL EXAMINATION A- Awake AOX3. Skin W/D. Color WNL. HR reg S, & S2 noted. Lung Clear. Resp. Gen. unlabored. BSF X4 quads. Abdomen soft, non-distended. Ct tenderness to ↑ midabdominal area. Doesn't remember last bowel movement. Bowels N/V. Cap. refill less than 3 seconds. S. SOB, pallor, or diaphoresis noted. Other Clavoured. Acute distress noted.											
<p>A- Alt. in comfort. P- MD to review. E- Inst. to return to HCU if experiences ↑ pain, N/V, bleeding &amp; BM's. Instructed to avoid spicy or greasy foods and to avoid laying down &amp; meals.</p>											
DIAGNOSIS											
INSTRUCTIONS TO PATIENT See above											
RELEASE/TRANSFER DATE 2/23/03		TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL						
NURSE'S SIGNATURE H. White		DATE 2/23/03	PHYSICIAN'S SIGNATURE C. J. [Signature]		DATE 2/25/03						
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney		AGE 21	DATE OF BIRTH [Redacted]		R/S Bm	AIS # 218921					

## DEPARTMENT OF CORRECTIVE 3

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 5-21-03	TIME 4:10 PM	FACILITY Bibb	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES NKA		wt 145	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA	
VITAL SIGNS: TEMP 97.9		ORAL RECTAL	RESP. 16	PULSE 84 B/P 110/80
NATURE OF INJURY OR ILLNESS S - "My heart was hurting. It comes and goes. It's not hurting now."		ABRASION/// CONTUSION # BURN <sup>xx</sup> / <sub>xx</sub> FRACTURE <sup>Z</sup> / <sub>Z</sub> LACERATION/ SUTURES		
PHYSICAL EXAMINATION O - Alert, oriented, responding appropriately. Respirations even, HR reg: BS (+), abd soft, non-distended. States BM 2 days ago. No signs of acute distress.				
ORDERS, MEDICATION, etc. A - Attention in comfort P - Refer to MD for eval				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT E - Teaching sheet reviewed in inmate and given. Sick call for further problems.				
RELEASE/TRANSFER DATE 2 121 103	TIME 4:30 PM	RELEASE/TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE t. Pech RN	DATE 2-21-03	PHYSICIAN'S SIGNATURE [Signature]	DATE 2/25/03	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) Boyd, Courtney		AGE 21	DATE OF BIRTH [Redacted]	R/S G/M AIS # 208921



## Release of Responsibility

Boyd, Courtney  
Name of Inmate

2/24/03  
Date

\_\_\_\_\_  
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

Inmate refuses to remain in infirmary for observations  
and for orders from the doctors. Advised of potential  
complications of fall to ground.

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

[Signature] #20792  
Inmate Signature

M. Brooks, RN, HSA  
Witness

2/24/03 1038 AM  
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

[Signature] 2/25/03

M. Miller, LPN  
Witness

2-24-03 10:50 AM  
Date / Time

\_\_\_\_\_  
Witness